

CONTRACTORS ALL RISKS INSURANCE CLAIM FORM



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER.)

1. Name(s) and address(es) of Insured(s)		
Claim Number:		Policy Number:
Title of contract insured		
Address of contract site Supervising engineer's name and phone no.		
2. When did the loss or damage occur?	Date:	Time
3. When was notice first given to the Insurer?	By whom?	To whom?
1. Name(s) and address(es) of Insured(s)	1. Name(s) and address(es) of Insured(s)	1. Name(s) and address(es) of Insured(s)
If yes, please give names, profession, and addresses.	4. Are there any witnesses? Yes /No	
5. Which item/part was damaged? (Give full details.)		
6. How far had the construction/ erection of the damaged item progressed at the time of the occurrence?	% complete / on trial	
7. How did the damage occur and what was its probable cause? (Please attach sketches, photos, if available, indication on amounts of rainfall, water levels, rates of flow, police reports, and newspaper cuttings.)		
8. Does the damage show any sign of faulty material/design/ bad workmanship? Yes/No	If yes, please give details.	
9. Are any alterations to or improvements of design, construction execution, or material being effected whilst repairs are being made?	Yes/No If yes, please give details.	
10. How will the damage be repaired? Please indicate estimated repair period.		
11. What are the estimated repair costs?*		

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